



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

THE PRIVATE NURSE AND TWENTY-FOUR HOUR HOSPITAL DUTY¹

By ANNA C. MAXWELL, R.N.

New York, N. Y.

Twenty-eight years ago when I was called to New York to undertake the responsibility of a metropolitan training school, I found the custom of twenty-four hour duty for special nurses well established in all hospitals, both public and private. Each private room was supplied with a small cot or couch, much too narrow and often too short for the tired nurse who, because there was no alternative, was compelled to make the most of this make-shift in order to secure the few hours of sleep and rest so vital to the conscientious performance of her duty.

The struggle for better conditions began immediately. Naturally the question of expense was the paramount factor in the argument. Why should the patient be called upon to pay the extra fee for a night nurse when this service could be rendered by one nurse performing twenty-four duty? When patients arranging for hospital treatment engage an expensive private room or suite of rooms, and are able to meet the fees of the physician and surgeon, they should be able, also, to meet the expense of proper nursing care, and from a moral point of view should be unwilling to accept a service involving such human sacrifice. In many cases, for example after a major operation has been performed, the necessity of watching for hemorrhage is almost constant. Can a nurse who has had a strenuous day be relied upon for such service? She may be able to snatch a few hours of broken sleep provided the patient does not require constant waiting upon, but she bears the responsibility if anything goes wrong and a human life may be at stake!

Those unable to meet increased nursing fees should be willing to take less expensive rooms or enter the semi-private wards with which most modern hospitals are now provided. Some patients, unable to meet both expenses have been known to exchange the private room for the open ward, preferring good nursing care to the seclusion which the private room affords.

All financial arrangements for "special nursing" should be made by the hospital. The hospital must be recompensed for the board of the

¹ Read at the fifteenth annual meeting of the New York State Nurses' Association, Buffalo, October 18, 1916.

nurse, which is included in the charge, and the nurse is saved the temptation of making an over-charge to the patient for any extra services rendered. The importance, also, of the special nurse being strictly under the direction of the hospital authorities must not be lost sight of, as frequent points of difference may arise when the patient has engaged the nurse and claims the right to dictate accordingly.

The twelve-hour duty for special nurses in hospitals could not have been established without the cordial support of the medical profession. The coöperation and sympathy of those physicians who look upon the nurse as an integral part of the success of their work has always been of the utmost value, and we wish to express our gratitude and sincere appreciation of their aid in this reform.

After so many years of steady progress, both in the methods of care for our patients and in the improvement of the environment and welfare for the nurse, it would seem that we must have travelled far, and that very little sympathy could remain for the methods of nearly thirty years ago, yet not long since, while on a visit to one of the hospitals in a large western city, a well-known surgeon exhibited to me, with great gusto and pride, a trundle-bed! his own invention for the nurse's use at night. I thought we had outgrown the trundle-bed stage, but this cot, as the surgeon proudly stated, was so designed that it could be stored under the patient's bed during the day!

The objections to this unsanitary arrangement are obvious, among others, the obstruction of the free passage of air beneath the patient's bed, the lack of proper daily care of the nurse's bed clothing. I might add that this plan must be particularly trying and often obnoxious to the nurse under conditions that frequently surround a helpless patient.

After so many years of practical experience there come to my mind many serious objections to the system of twenty-four hour duty for nurses, the most important of which is the absolute unfairness of the arrangement to both patient and nurse.

We all know that few patients sleep well at night with another person in the room; this is particularly true of nervous patients and there are few hospital patients who do not suffer, to a greater or less degree, from "nerves." We all know that a woman patient may lie awake for hours, dreading and expecting some slight movement or noise which, if she were to allow herself to fall asleep, would rouse her immediately, and she knows that for the remainder of the night, sleep would then be impossible. There is also the patient who feels it a duty to keep the nurse busy every moment and who lies awake planning how this may be accomplished. Under these conditions there is little time for rest or sleep for the nurse, and, on the other hand, in

instances where the patient lies awake dreading to fall asleep, the nurse, in her utter exhaustion and relaxation, frequently provides just cause for this dread! She is too tired to lie awake, and so, unless her services are required, promptly falls asleep and sleeps peacefully on, totally unconscious of the fact that she is often the innocent cause of a sleepless night for her patient!

The lack of sufficient fresh air and ventilation in the room for both patient and nurse is a serious handicap. The patient may or may not approve of plenty of fresh air at night; in any case, the nurse must, before she retires, adapt herself to the condition, or whim, of her patient and so is frequently deprived, even at night, of the proper amount of oxygen her system demands. Under these conditions, it must not be expected that the nurse will waken in the morning fresh and bright, ready for the day's work, or to bring to her patient the inspiration so important to rapid recovery. As she has not left the patient's bedside for any length of time, the nurse can not bring with her on the morning of a new day a fresh point of view, nor is it possible for her to cheer and amuse her patient by reciting any little incident or experience that may have transpired during her absence from the hospital. These seemingly small attempts on the part of the nurse to cheer her patient who, especially in cases of protracted illness, may be confined day after day within the same four walls, afford much real pleasure and relief from the monotony of hospital life. One of the most important advantages of twelve-hour duty, to the patient who requires constant care, is in the regular appearance every twelve hours of a bright, fresh, clear-eyed nurse, who carries with her a breath of the outside world, and who by her keen, alert, interest brings assurance that the comfort and welfare of her patient is her only consideration. No tired-out nerves here, this type of nurse knows the value of moderation and will reap her reward, not only by being able to continue her usefulness and efficiency for a longer period of years, but through the favorable and wholesome reaction upon her patient by her own physical fitness.

A noted surgeon has recently stated, "A tired nurse is not reliable, she is like a worn-out horse and the only remedy for both is to be *shot*." A drastic measure surely, but is it not well to know how the over-worked, worn-out nurse is regarded by some of the experienced members of the medical profession? And is it not also well to remember that in their estimation it does not increase her value when a nurse becomes physically and mentally depleted? In order to attain 100 per cent or even 75 or 50 per cent efficiency a nurse can not afford to be on duty for twenty-four hours at a stretch.

In many states stringent laws are in force, regulating the hours of railway employees, so that the "man at the switch" may not, by falling asleep, endanger the lives of the public. Is it not of as vital importance that the hours of a nurse shall be as reasonable, so the life of her patient may be safe in her hands? The American Red Cross text-book says: "No human being who has been over twenty hours without sleep is in any condition to carry out orders for the sick."

Ethically speaking, the moral effect of twenty-four hour duty leaves much to be desired. During an extensive and varied experience, my observations have led me to believe that a system that subjects the nurse to the close and too intimate association with her patient is undesirable, and unjust both to the nurse and to her patient, to say nothing whatever of the wrong impressions frequently entertained by the public. The system appears to me to be especially unfair to the young, unsophisticated nurse who, because of her lack of knowledge of the world, is apt to affect mannerisms and a style of negligee at night with the frequent result that her faith in the human family has been rudely shaken and her innocent outlook on life has been changed at the very threshold of her career.

CLEANING THE MEDICINE CLOSET

By M. E. C., R.N.

Flushing, New York

To clean the medicine closet and change the bottle labels, is the duty of every nurse at some time or other, and it is often a messy task. The label part may be greatly simplified if a small bottle, or test tube, is filled with water and fitted with a cork of absorbent cotton. When inverted, the cotton becomes just moist enough to dampen the gummed side of the label, which may be applied with dry fingers and no smudges.

An article of this sort is available to every one, and may be used for many purposes, outside of the ward or laboratory, for instance sealing envelopes, affixing stamps, in the X Ray room to moisten the plate marks or bindings, etc.